1 loade type a plus sign (·) maide una box					
UTILI	TY	Attorney Docket	No.	VTN 5023 NP	•	
PATENT APPLICATION		First Inventor		Mahadevan, Shivkumar		
TRANSMITTAL		Title			URIFICATION OF SILICONE CONTAINING COMPOUNDS Y SUPERCRITICAL FLUID EXTRACTION	
(anh) for now page wising a land and lighting and a 07 050		Express Mail Lal				⊃
		ADD	RESS TO:	Commissioner for Patents	78	
See MPEP Chapter 600 concer contents.					Box Patent Application Washington, DC 20231	22278
1. ☐ Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing) 2. ☐ Applicant claims small entity status. 3. ☐ Specification [Total Pages 28] (Preferred arrangement set forth below) - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. ☐ Drawing(s)(35 USC 113) [Total Sheets] 5. Oath or Declaration [Total Pages] a. ☐ Newly executed (original or copy) b. ☐ Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. ☐ DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee) 11. English Translation Document (if applicable) 12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other 				
					22	
6. Application Data	Sheet. See 37	CFR 1.76	<u> </u>			
preliminary amendme ☐ Continuation ☐ Divisi Prior application informati For CONTINUATION or □ oath or declaration is supp	ent, or in an Applicational ☐ Continution: Examiner DIVISIONAL APPS plied under Box 5 application and is	tion Data Sheet ation-in-Part (C Group A S only: The en b, is considered hereby incorpo	under 3 IP) of prt Unit: tire disa d a par prated b	B7 CFR 1.76: prior applicatio closure of the p t of the disclos by reference.	prior application, from which an sure of the accompanying The incorporation can only be	
	19. C	ORRESPOND	ENCE.	ADDRESS		
	Johnson, Esq.	0002///	or 🔲 C	orrespondenc	e Address below	
Address: Johnson & Johnson Plaza One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA						
Please direct all telepho Telephone: (904) 44	one calls or tele 3-3074	Fax: (904) 44	n A. H 13-307	arding at: '8		
	ATURE OF APP	LICANT, ATT	ORNE	Y, OR AGEI		
NAME Kar	en/A. Harding	\mathcal{M}	,		Reg. No. 33967	
SIGNATURE Oct	<u>IMM (1</u> ober 30, 2003	1/and	pel			
DATE TOOL	UDGI UU, 2003		レー			

FEE TRANSMITTAL

	Complete if Known					
į	Application Number					
	Filing Date	10/30/03				
	First Named Inventor	Mahadevan, Shivumar				
Group Art Unit Examiner Name						
	Attorney Docket Number	VTN 5023 NP				

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$740.00
TOTAL CLAIMS	20 - 20 =	0.	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$280.00	
			TOTAL FEES	\$ 740.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/VTN5023NP/KAH in the amount of \$740.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/VTN5023NP/KAH. Three copies of this sheet are enclosed.

SUBMITTED B	SY:		Complete (if applicable)
Typed or Printed Name	Karen Å. Harding		Reg. No. 33967
Signature	Wesen an Indire	Date: 10/30/03	Deposit Account No. 10-0750
			110:10 0700